

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/1/04	Applicant Identifier R9 Tracking #03-330	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: City of Glendale, California		Department: Department of Water and Power		
Organizational DUNS:		Division:		
Address: Street: 141 North Glendale Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Glendale		Prefix: First Name: Donald		
County: Los Angeles		Middle Name: Ralph		
State: California		Last Name: Froelich		
Zip Code: 91206		Suffix:		
Country:		Email: DFroelich@ci.glendale.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000714		Phone Number (give area code) (949) 525-2672		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Fax Number (give area code) (818) 552-2852		
Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C: Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency		
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Glendale, California Hexavalent Chromium Treatment, No. JUN 30 2004		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County		STATE CLEARING HOUSE		
13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 1/31/06		14. CONGRESSIONAL DISTRICTS OF: 2/Ch		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 447,100.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE: 6/30/2004		
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 447,100.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		Middle Name: Eland		
Prefix: First Name: James		Suffix:		
Last Name: Starbird		c. Telephone Number (give area code) (818) 548-4844		
b. Title: City Manager		d. Date Signed: 6/3/04		
c. Signature of Authorized Representative		Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102		
Previous Edition Usable Authorized for Local Reproduction				

6-3-04
Approved by
G
PK

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ _X_ Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913 8. Type of Application: ____ New ____X_ Revision ____ Continuation If Revision, enter appropriate letter(s): ____A_ ____C_ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier NW 98980301
10. Catalog of Federal Domestic Assistance Number 66.456 Title: National Estuary Program		7. Type of Applicant: (enter appropriate letter) ____A____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Bay, California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 1/1/01 End Date 12/31/05		11. Descriptive Title of Applicant's Project The San Francisco Estuary Project's purpose is to oversee and track the implementation of a coordinated and comprehensive strategy for preserving, restoring and enhancing the Bay-Delta Estuary.	
15. ESTIMATED FUNDING: a. Federal \$100,107 b. Applicant \$0 c. State \$100,038 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$200,145		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: ____X_ This application/preapplication was made available to the State EO 12372 process for review on: Date: June 30, 2004 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Celeste Cantú		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____X_ NO	
d. Signature of Authorized Representative		b. Title: Executive Director	
		c. Telephone Number (916) 341-5615	
		e. Date Signed:	

Application for Federal
Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Wheatland School District

Address: 711 Olive Street

Organizational Unit

Wheatland CA Yuba 95692
City State County ZIP Code + 4

2. Applicant's D-U-N-S Number 1000009687

6. Novice Applicant Yes X No

3. Applicant's T-I-N 941 - 2544633

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184b

Title: Mentoring Programs Grant

8. Type of Applicant (Enter appropriate letter in the box.) F

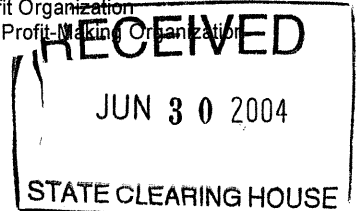
5. Project Director: Cory O'Neal

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-making Organization
K - Other (Specify):

Address: Bear River Middle School, 100 Wheatland Park Drive

Wheatland CA 95692
City State Zip code + 4
Tel. #: (530) 633 - 3135 Fax #: (530) 633 - 3142

E-Mail Address: coneal@wheatland.k12.ca.us



Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 1/1/2004
No (If "No," check appropriate box below.)
Program is not covered by E.O. 12372.
Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Provide Exemption(s) #):

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Academic Volunteer Mentor Program. 400 student mentees in grades 4th - 8th matched with screened trained adult volunteers for academic improvement.

11. Proposed Project Dates: 9/2/2004 6/30/2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 200,000.00
b. Applicant \$ 0.00
c. State \$ 0.00
d. Local \$ 0.00
e. Other \$ 0.00
f. Program Income \$ 0.00
g. TOTAL \$ 200,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Debra Pearson

b. Title: Superintendent Wheatland School District

c. Tel. #: (530) 633 - 3130 Fax #: (530) 633 - 4807

d. E-Mail Address: dpearson@wheatland.k12.ca.us

e. Signature of Authorized Representative

Debra M. Pearson

Date: 6/14/04

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i>		2. DATE SUBMITTED 6/28/04	Applicant Identifier N/A
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A
5. APPLICANT INFORMATION			
Legal Name: Santa Rosa, City of		Organizational Unit:	
Organizational DUNS: 07-187-9464		Division:	
Address (give city, county, state, and zip code): 965 Sonoma Avenue Santa Rosa, CA 95404		Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Michelle Comerford mcomerford@ci.santa-rosa.ca.us Phone: 707-543-3561 FAX: 707-543-3695	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000428		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 2004 Technology Initiative 1 6 . 7 1 0		9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Santa Rosa		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of automated citation software and hardware system	
13. PROPOSED PROJECT: Start Date: 1/23/2004 Ending Date: 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA-6 b. Project: CA-6	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 98948.00	a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$.00	DATE 6/28/04	
c. State	\$.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Edwin F. Flint		b. Title Chief of Police	
c. Telephone number 707-543-3559		d. Signature of Authorized Representative Edwin F. Flint	
e. Date Signed 6/28/04		f. Signature of Authorized Representative Edwin F. Flint	

APPLICATION FOR
FEDERAL ASSISTANCE

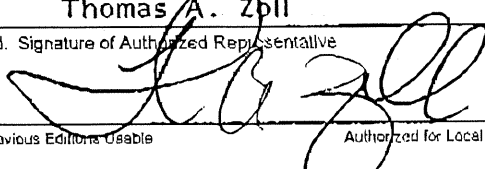
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/28/2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION	
Legal Name: Menorah Housing Foundation	Organizational Unit: Department: Menorah Housing Foundation
Organizational DUNS: 94-690-5304	Division: N/A
Address: Street: 1618 Cother Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Anne
City: Los Angeles	Middle Name
County: Los Angeles	Last Name Friedrich
State: California	Suffix:
Zip Code 90025	Email: afriedrich@menorahhousing.org
Country: United States	Phone Number (give area code) (310) 477-4942 x. 26
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7103775	Fax Number (give area code) (310) 477-5307
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parthenia Street Senior Housing 75 Units of Section 202 Subsidized Housing for Very Low Income Elderly
13. PROPOSED PROJECT Start Date: 1/1/05 Ending Date: 6/30/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 30th b. Project 27th
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal 202 Capital Advance \$ 9,359,730.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 28, 2004
b. Applicant \$ 10,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 1,281,627.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income 202 PRAC \$ 1,385,280.00	
g. TOTAL \$ 12,036,637.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Ms. First Name Anne	Middle Name
Last Name Friedrich	Suffix
b. Title President	c. Telephone Number (give area code) (310) 477-4942 x. 26
d. Signature of Authorized Representative <i>Anne Friedrich</i>	e. Date Signed 6/28/04

OMB Approval No. 0348-0043

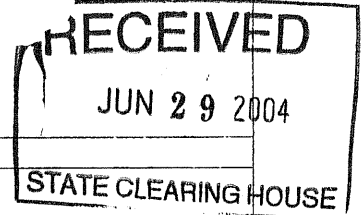
**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/28/04		Applicant Identifier N/A							
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A							
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A							
5. APPLICANT INFORMATION											
Legal Name: Carlsbad Police Department			Organizational Unit: N/A								
Organizational DUNS: 073333932			Division: N/A								
Address (give city, county, state, and zip code): 2560 Orion Way Carlsbad, CA 92008			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Lynn Diamond Phone: 760-931-2170								
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956004793			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____								
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"><tr><td>1</td><td>6</td><td>.</td><td>7</td><td>1</td><td>0</td></tr></table> TITLE: 2004 Technology Initiative			1	6	.	7	1	0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Computer-Aided Dispatch and Mobile Data System		
1	6	.	7	1	0						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Carlsbad											
13. PROPOSED PROJECT: Start Date: 1/23/2004 Ending Date: 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Congressional District 50 Same									
15. ESTIMATED FUNDING: a. Federal \$ 989477.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6-28-04 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW								
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.											
a. Typed Name of Authorized Representative Thomas A. Zoll			b. Title Chief of Police		c. Telephone number 760-931-2131						
d. Signature of Authorized Representative 					e. Date Signed 6-28-04						

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/29/2004	Applicant Identifier N/A
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A
5. APPLICANT INFORMATION			
Legal Name: Long Beach Police Department		Organizational Unit: Support Bureau	
Organizational DUNS: 07-529-5832		Division: Information Technology Division	
Address (give city, county, state, and zip code): 100 Long Beach Blvd. Long Beach, CA 90802 USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Brett Carter Phone: 562.570.7778	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000733		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 7 1 0 TITLE: 2004 Technology Initiative		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tiburon 7.5 Upgrade Project	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City			
13. PROPOSED PROJECT: Start Date: 1/23/2004 Ending Date: 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 37th, 39th & 46th Congressional Districts of California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 98,948.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 29, 2004	
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 98,948.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Gerald R. Miller		b. Title City Manager	c. Telephone number 562.570.7150
d. Signature of Authorized Representative 		APPROVED AS TO FORM 6-28, 2004 ROBERT E. SHANNON City Attorney By DEPUTY CITY ATTORNEY	
		e. Date Signed 6/29/04	



OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A						
3. DATE RECEIVED BY STATE		State Applicant Identifier N/A		4. DATE RECEIVED BY FEDERAL AGENCY							
5. APPLICANT INFORMATION DUNS # 60-231-0245		Federal Identifier N/A									
Legal Name: California Highway Patrol			Organizational Unit: Information Management Division								
Address (give city, county, state, and zip code): 2555 First Avenue Sacramento, CA 95818			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Assistant Chief Max Santiago Phone: 916-657-7171								
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942257827			7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____								
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"> <tr> <td>1</td> <td>6</td> <td>.</td> <td>7</td> <td>1</td> <td>0</td> </tr> </table> TITLE: 2004 Technology Initiative			1	6	.	7	1	0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Consolidated Patrol Vehicle Environment Project		
1	6	.	7	1	0						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): California - statewide			13. PROPOSED PROJECT:								
14. CONGRESSIONAL DISTRICTS OF:			15. ESTIMATED FUNDING:								
Start Date 1/23/2004		Ending Date 1/22/2005		a. Applicant Howard Berman 28 th Congressional							
				b. Project 2004 Technology Initiative							
a. Federal		\$		197,895 .00							
b. Applicant		\$.00							
c. State		\$.00							
d. Local		\$.00							
e. Other		\$.00							
f. Program Income		\$.00							
g. TOTAL		\$		197,895 .00							
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 29, 2004 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW											
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No											
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.											
a. Typed Name of Authorized Representative D. O. Helmick		b. Title Commissioner		c. Telephone number 916-657-7152							
d. Signature of Authorized Representative				e. Date Signed 06-29-04							

RECEIVED
JUN 29 2004
STATE CLEARING HOUSE

**Application for Federal
Education Assistance (ED 424)**

U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information
1. Name and Address

 Legal Name: Los Angeles Unified School District

 Address: 333 S. Beaudry Ave.
Organizational Unit
Normandie Ave Elementary
Los Angeles Unified
Los Angeles
City

Los Angeles 90017
State County ZIP Code + 4

 2. Applicant's D-U-N-S Number 11010171010171311

 3. Applicant's T-I-N 19151141616

 4. Catalog of Federal Domestic Assistance #: 84.118141B

 Title: Mentoring Program

 5. Novice Applicant Yes XNo

 7. Is the applicant delinquent on any Federal debt? Yes XNo
(If "Yes," attach an explanation.)

 3. Type of Applicant (Enter appropriate letter in the box.) LFI

- | | |
|----------------------|---|
| A - State | F - Independent School District |
| B - Local | G - Public College or University |
| C - Special District | H - Private, Non-profit College or University |
| D - Indian Tribe | I - Non-profit Organization |
| E - Individual | J - Private, Profit-Making Organization |

K - Other (Specify):

 6. Project Director: Ruby-Ann Rudnick

 Address: 4505 S. Raymond Ave.
Los Angeles Ca 90037
City State Zip code + 4

 Tel. #: (323) 294-5171 Fax #: (323) 294-7061

 E-Mail Address: rgr4850@lausd.k12.ca.us
Application Information
9. Type of Submission:

- | | |
|--------------------------|---------------------------|
| <u>X</u> Pre-Application | <u>Application</u> |
| <u>Construction</u> | <u>Construction</u> |
| <u>Non-Construction</u> | <u>X</u> Non-Construction |

 10. Is application subject to review by Executive Order 12372 process?
X Yes (Date made available to the Executive Order 12372 process for review): 6/28/2004

- No (If "No," check appropriate box below.)
- Program is not covered by E.O. 12372.
- Program has not been selected by State for review.

 11. Proposed Project Dates: 10/1/2004 6/30/2007
Start Date: End Date:

 12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

 12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Provide Exemption(s) #):

X No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Los Angeles Unified School Dist.
Project TEAM
Estimated Funding

14a. Federal	\$ <u>149,058</u> .00
b. Applicant	\$ _____ .00
c. State	\$ _____ .00
d. Local	\$ _____ .00
e. Other	\$ _____ .00
f. Program Income	\$ _____ .00
g. TOTAL	\$ <u>149,058</u> .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Roy Romer

 b. Title: Superintendent


 c. Tel. #: (213) 241-7000 Fax #: (213) 241-8442

d. E-Mail Address:

e. Signature of Authorized Representative:

 Date: / /

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06-28-04		Applicant Identifier N/A	
3. DATE RECEIVED BY STATE		State Applicant Identifier N/A			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A			
5. APPLICANT INFORMATION					
Legal Name: Redlands, City of			Organizational Unit:		
Organizational DUNS: 145556747			Division:		
Address (give city, county, state, and zip code): 212 Brookside Avenue Redlands, CA 92373			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Cletus F. Hyman, Deputy Chief Phone: (909) 798-7622		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000766			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2004 Technology Initiative			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City Of Redlands - Police Dispatch And Information Management System		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Redlands					
13. PROPOSED PROJECT: Start Date: 1/23/2004 Ending Date: 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Jerry Lewis b. Project: Jerry Lewis			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	742108.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/30/04		
b. Applicant	\$	.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00			
e. Other	\$	.00			
f. Program Income	\$	.00			
g. TOTAL	\$	742,108.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative James R. Bueermann		b. Title Chief Of Police		c. Telephone number (909) 798-7661	
d. Signature of Authorized Representative 				e. Date Signed 6-28-04	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 07, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Eden Housing, Inc.			Organizational Unit: Department: 501 (c) (3) Non Profit Public Benefit Corporation		
Organizational DUNS: 058211947			Division:		
Address: Street: 409 Jackson Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Katrina		
City: Hayward			Middle Name Kuizenga		
County: Alameda			Last Name Bergen		
State: CA		Zip Code 94544	Suffix:		
Country: United States			Email: kbergen@edenhousing.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-1716750			Phone Number (give area code) (510) 247-8138		Fax Number (give area code) (510) 582-6523
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) Non-profit Organization		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 811			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Clara County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Supportive Housing for Persons with Disabilities		
13. PROPOSED PROJECT Start Date: 11/2004			14. CONGRESSIONAL DISTRICTS OF: a. Applicant #13 b. Project #16		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,924,732 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	10,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.		
c. State	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	2,275,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Ms. First Name Linda Middle Name Marie			Last Name Mandolini Suffix		
b. Title Executive Director			c. Telephone Number (give area code) (510) 582 - 1460		
d. Signature of Authorized Representative			e. Date Signed 6/25/04		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Organizational Unit

Local Education Agency

93721 - 2287
ZIP Code + 4

RECEIVED
JUN 28 2004
STATE CLEARING HOUSE

Date: 6/24/07

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/5/2004	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of Napa		Department: Community Resources Department		
Organizational DUNS: 07-015-83-99		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix: Ms.		
1100 West Street		First Name: Amy		
City: Napa		Middle Name		
County: Napa		Last Name: Williams		
State: CA		Suffix:		
Zip Code: 94559		Email: awilliams@cityofnapa.org		
Country: Napa		Phone Number (give area code): 707-257-9682		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000380		Fax Number (give area code): 707-257-9532		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Napa		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HUD CDBG funds are used to fund non-profit agencies to provide shelter, counseling and housing for the homeless and/or low income residents. Funds are also used to improve the sidewalks and to ensure compliance with ADA laws. Projects also include fair housing, housing rehab, lead based paint hazard reductions, and public facility improvements.		
13. PROPOSED PROJECT Start Date: 7/1/2004 Ending Date: 6/30/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District #1 b. Project District #1		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 834,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 185,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 170,000			
g. TOTAL	\$ 1,189,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative:				
Prefix: Mr.	First Name: Ed	Middle Name:		
Last Name: Henderson			Suffix:	
b. Title: Mayor			c. Telephone Number (give area code): 707-257-9501	
d. Signature of Authorized Representative			e. Date Signed: June 1, 2004	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal
Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

RECEIVED

JUN 28 2004

Applicant Information

1. Name and Address

Legal Name:

STILES HALL

STATE CLEARING HOUSE

Address:

2400 BANCROFT WAY

STATE CLEARING HOUSE

Organizational Unit

City BERKELEY CAState ALAMEDA County 94704 ZIP Code + 4 16992. Applicant's D-U-N-S Number 8471646593. Applicant's T-I-N 94-11566364. Catalog of Federal Domestic Assistance #: 84-184BTitle: Mentoring Programs5. Project Director: DAVID STARKAddress: 2400 BANCROFT WAYCity BERKELEY CA State 94704 Zip code + 4 1699Tel. #: (510) 841-6010 Fax #: (510) 841-0132E-Mail Address: info@stilesHall.org

Application Information

9. Type of Submission:

☐ Pre-Application☐ Construction☐ Non-Construction☐ Application☐ Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 1/1/04☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.11. Proposed Project Dates: 9/01/2004 6/30/2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 150 .00
 b. Applicant \$ 180 .00
 c. State \$ 20 .00
 d. Local \$ 30 .00
 e. Other \$ 25 .00
 f. Program Income \$ 0 .00
 g. TOTAL \$ 305 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

DAVID STARKb. Title: GENERAL DIRECTORc. Tel. #: (510) 841-6010 Fax #: (510) 841-0132d. E-Mail Address: info@stilesHall.org

e. Signature of Authorized Representative

David StarkDate: 6/18/046. Novice Applicant ☒ Yes ☐ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) L

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

K - Other (Specify):

F - Independent School District

G - Public College or University

H - Private, Non-profit College or

University

I - Non-profit Organization

J - Private, Profit-Making Organization

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

College Mentors for Kids

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED June 25, 2004		3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY	
Applicant Identifier		State Application Identifier		Federal Identifier	

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		5. APPLICANT INFORMATION	
Legal Name: Kettleman City Community Services District		Address (give city, county, state, and zip code): 110 General Petroleum Avenue Kettleman City, CA 93239	
Name and telephone number of person to be contacted on matters involving this application (give area code): Brian J. Skaggs Summers Engineering, Inc. (559) 582-9237		7. TYPE OF APPLICANT: (enter appropriate letter in box) [G]	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[2][3][8][3][1][9][5]		8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
9. NAME OF FEDERAL AGENCY: United States Department of Agriculture (USDA) Rural Development		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][0]-[7][6][0]	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Kettleman City Community Services District - Phase 1- Proposed Surface Water Treatment Plant and Phase 2- Proposed Commercial Tank Facility		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kettleman City, California	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Cal Dooley	
15. ESTIMATED FUNDING: Start Date: Oct. 2004 Ending Date: Dec. 2006 a. Applicant District #20		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 25, 2004 b. NO, PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," attach an explanation.		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
19. PROGRAM INCOME		20. OTHER	
21. LOCAL		22. STATE	
23. APPLICANT		24. FEDERAL	

a. Type Name of Authorized Representative Aletha Ware		b. Title Chairperson	
c. Telephone Number (559) 386-5866		d. Signature of Authorized Representative <i>Aletha Ware</i>	
e. Date Signed 6/25/04		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/25/04	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: The East Los Angeles Community Union (TELACU)	Organizational Unit: Department:
Organizational DUNS: 01-072-0597	Division:
Address: Street: 5400 E. Olympic Blvd., Suite 300	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Tom
City: Los Angeles	Middle Name Florencio
County: Los Angeles	Last Name Provencio
State: CA Zip Code 90022	Suffix:
Country: USA	Email: TomPTCM@aol.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-2554256

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
14-157
TITLE (Name of Program):
HUD Section 202 Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Pomona, County of L.A., CA

13. PROPOSED PROJECT
Start Date: 09/30/04 Ending Date: 09/30/05

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 34th b. Project 38th

15. ESTIMATED FUNDING:

a. Federal	\$ 9,300,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$ 25,000.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 9,325,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6/25/04
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix Tom	First Name Tom	Middle Name Florencio
Last Name Provencio	Suffix:	
b. Title Authorized Agent	c. Telephone Number (give area code) (323) 721-1655	
d. Signature of Authorized Representative	e. Date Signed 6/25/04	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/29/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: Phoenix Houses of Los Angeles, Inc.			Organizational Unit: Department		
Organizational DUNS: 070240481			Division:		
Address: Street: 11600 Eldridge Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Lake View Terrace			Prefix: Ms. First Name: Sharon		
Country: Los Angeles			Middle Name: E.		
State: CA Zip Code: 91342			Last Name: Spira-Cushnir		
Country: USA			Email: sspira@phoenixhouse.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7084897			Phone Number (give area code) (818) 686-3111		Fax Number (give area code) (818) 896-3701
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-710 TITLE (Name of Program): COPS Methamphetamine Program			9. NAME OF FEDERAL AGENCY: US Department of Justice		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Adolescent Methamphetamine Treatment		
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 27 b. Project 22, 24-39, 42, 46		
15. ESTIMATED FUNDING: a. Federal \$ 197,895.49 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 197,895.49			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/28/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Ms. First Name Winifred Middle Name B. Last Name Wechsler Suffix b. Title Senior Vice President, Regional Director c. Telephone Number (give area code) (818) 686-3011 d. Signature of Authorized Representative e. Date Signed 6/28/04					

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: La Mesa-Spring Valley School District
Address: 4750 Date Ave.

Organizational Unit

Student Services

La Mesa CA
City State

San Diego 91941 5293
State County ZIP Code + 4

2. Applicant's D-U-N-S Number 1078728987

6. Novice Applicant Yes No

3. Applicant's T-I-N 13131010237251

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance # 84.184B

Title: Office of Safe and Drug Free Schools
Mentoring Program

8. Type of Applicant (Enter appropriate letter in the box.) F

5. Project Director: Dr. John E. Bley

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

Address: 4750 Date Ave.

La Mesa CA 91941 5293
City State Zip code + 4

Tel. #: (619) 668-5700 Fax #: (619) 668-8398

E-Mail Address: John.Bley@lmsvds.k12.ca.us

K - Other (Specify):

Application Information

9. Type of Submission:

PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review):
X No (If "No," check appropriate box below.)
Program is not covered by E.O. 12372.
X Program has not been selected by State for review.

11. Proposed Project Dates: 8/1/2004 6/30/2007
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Provide Exemption(s) #):
No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Project MATCH

Estimated Funding

14a. Federal \$.00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Brian E. Marshall

b. Title: Superintendent of Schools

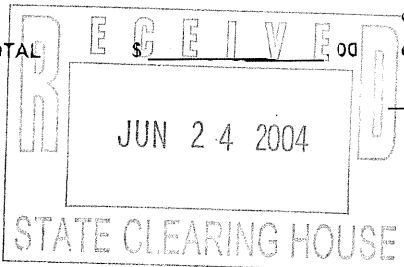
c. Tel. #: (619) 668-5700 Fax #: (619) 668-8398

d. E-Mail Address: Brian.Marshall@lmsvds.k12.ca.us

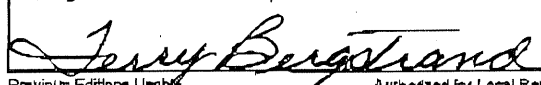
e. Signature of Authorized Representative

g. TOTAL \$.00

Date: / /



APPLICATION FOR FEDERAL ASSISTANCE

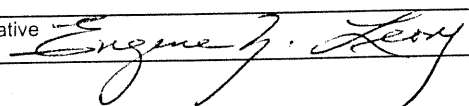
1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6-29-04	App identifier N/A
		3. DATE RECEIVED BY STATE 6/24/04	State Applicant Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A
5. APPLICANT INFORMATION			
Legal Name: Plumas County Sheriff's Department		Organizational Unit:	
Organizational DUNS: 193 6 382 3 6		Division:	
Address (give city, county, state, and zip code): 1400 East Main Street Quincy, CA 95971		Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Mike Grant Phone: 530-283-6375	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000528		7. TYPE OF APPLICANT: (enter appropriate letter in box) B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">7</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> </div> TITLE: 2004 Technology Initiative		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Plumas Co. Sheriff's Dept CAD/RMS Project	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Plumas County		9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	
13. PROPOSED PROJECT: Start Date: 1/23/2004 Ending Date: 1/22/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 4 b. Project: 4	
16. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 494739.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$.00	DATE 6/29/04	
c. State	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Terry Bergstrand		b. Title Sheriff	
d. Signature of Authorized Representative 		c. Telephone number 530-283-6375	
		e. Date Signed 6-24-04	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: David Vincent		Organizational Unit: Department:		
Organizational DUNS: 149531985		Division: Santa Cruz District		
Address: Street: 303 Big Trees Park Road		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Felton		Prefix: Mr.	First Name: David	
County: Santa Cruz		Middle Name		
State: CA		Last Name Vincent		
Zip Code: 95018		Suffix:		
Country: USA		Email: dvinc@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303608		Phone Number (give area code) (831) 335-6390		Fax Number (give area code) (831) 335-6398
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-419 TITLE (Name of Program): CZM Administration		9. NAME OF FEDERAL AGENCY: State of California Department of Parks and Recreation		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 147-acre coastal bluff-top acquisition		
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: December 1, 2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14th Dist., 17th Dist. b. Project 14th Dist., 17th Dist.		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,978,955	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 23, 2004		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 1,978,955	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 3,957,910	a. Authorized Representative Prefix Mr. First Name David Middle Name Last Name Vincent b. Title District Superintendent c. Telephone Number (give area code) (831) 335-6390 d. Signature of Authorized Representative e. Date Signed 6/21/04		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED June 18, 2004	Applicant Identifier	
Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
Association of Bay Area Governments		Department: San Francisco Estuary Project		
Organizational DUNS: 07-907-3920		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: P.O. Box 2050		Prefix: Ms.	First Name: Marcia	
City: Oakland		Middle Name L.		
County: Alameda		Last Name Brockbank		
State: CA		Suffix:		
Zip Code 94604-2050		Email: mlb@rb2.swrcb.ca.gov		
Country: USA		Phone Number (give area code)		Fax Number (give area code)
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		510-622-2325		510-622-2501
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 23 2004 STATE CLEARING HOUSE </div>		7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		local govt.		
Other (specify)		Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 - 4 5 6 </div>		US Environmental Protection Agency, Region 9		
TITLE (Name of Program): Clean Water Act Sect. 320 National Estuary Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		San Francisco Estuary Project - Implementation of Comprehensive Conservation and Management Plan (CCMP)		
9 Bay Area and 3 Delta Counties		14. CONGRESSIONAL DISTRICTS OF:		
13. PROPOSED PROJECT		a. Applicant		
Start Date: Nov. 1, 2004		b. Project		
Ending Date: Dec. 31, 2005		1-3,6-10,12-16		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 406,984.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 18,000.00	DATE: June 18, 2004		
c. State	\$ 410,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 834,984.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Dr.	First Name Eugene	Middle Name Y.		
Last Name Leong		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 510-464-7910		
d. Signature of Authorized Representative		e. Date Signed		
		6/18/04		

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

RECEIVED
JUN 23 2004
street

Organizational Unit

Signature of Applicant: Ashley Baker Lee Date: 6/23/04

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Catholic Charities Diocese of Fresno

Address: 149 N. Fulton

Organizational Unit

Fresno

City

CA Fresno

State

County

93701

ZIP Code + 4

2. Applicant's D-U-N-S Number 082448119

3. Applicant's T-I-N 94-11678938

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Hmong Mentoring Program

5. Project Director: Pai Yang

Address: 149 N. Fulton

Fresno

City

CA

State

93701

Zip code + 4

Tel. #: (559) 493-2805 Fax #: (559) 237-7144

E-Mail Address: pyang@ccdof.org

6. Novice Applicant ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) 1

- A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify):

Application Information

9. Type of Submission:

- ☐ PreApplication
☐ Construction
☐ Non-Construction
☒ Application
☐ Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): 6 / 30 / 04

☐ No (If "No," check appropriate box below.)

- ☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 04 9 / 30 / 05
Start Date: End Date:

Estimated Funding

14a. Federal \$ 150,000 .00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 150,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Mary Kay Hackett

b. Title: Chairperson, Board of Directors

c. Tel. #: (559) 237-0851 Fax #: (559) 237-7144

d. E-Mail Address: mbuckley01@aol.com

e. Signature of Authorized Representative

Mary K. Hackett

Date: 6 / 22 / 04

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to Item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Hmong Mentoring Program designed to prepare refugee children for placement in school.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Western Sierra Residential Center, Inc.		Organizational Unit: Department: N/A	
Organizational DUNS: 147353630		Division: N/A	
Address: Street: Po Box 401, 755 Main Street City: Downieville County: Sierra State: California Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Jacqueline Middle Name: Dai Last Name: Epperson Suffix: RN,BSN Email: deltajacie@hotmail.com	
Zip Code: 95936-0401		JUN 22 2004 STATE CLEARING HOUSE	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0434031		Phone Number (give area code) 530-289-3134 Fax Number (give area code)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> Not for profit organization Other (specify) 9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities Grant and Loan /USDA Rural Development		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 7 bed assisted living facility, remodeling of existing home to provide two independent living units and caretaker quarters. Currently there is no facility to provide senior housing, adult day care or senior meal service. This facility will help focus and centralize community services for seniors.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Western Sierra County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant #4 b. Project #4	
13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: April 30, 2004 <i>ve 2005</i>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 1,063,314.00		
b. Applicant	\$ 100,000.00		
c. State	\$ 0.00		
d. Local	\$ 0.00		
e. Other	\$ 0.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 1,163,314.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms	First Name Jacqueline	Middle Name Dai	
Last Name Epperson		Suffix RN,	
b. Title President, WSRC, Inc		c. Telephone Number (give area code) 530-289-3134	
d. Signature of Authorized Representative		e. Date Signed	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/23/04	Applicant Identifier 04-367	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY 06/23/04		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Castaic Lake Water Agency				
Organizational DUNS: 619011877				
Address: Street: 27234 Bouquet Canyon Road City: Santa Clarita County: Los Angeles State: CA Zip Code 91350 Country: USA				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2476586				
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 86-606				
TITLE (Name of Program): Surveys, Studies, Investigations & Special Purposes Grant				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Clarita Valley				
13. PROPOSED PROJECT Start Date: Jan 2005 Ending Date: Jan 2007				
15. ESTIMATED FUNDING:				
a. Federal	\$	771,400		
b. Applicant	\$	631,146		
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	1,402,546		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Dan First Name: Dan Middle Name: Suffix:				
b. Title General Manager				
c. Telephone Number (give area code) (661) 297-1600				
d. Signature of Authorized Representative e. Date Signed 6/22/04				
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th b. Project 25th				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/23/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 21, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: CSUF FOUNDATION Address (give city, county, State, and zip code): 4910 N. Chestnut M/S OF123 Fresno, CA 93726 Organizational Unit: UNIVERSITY BUSINESS CENTER Name and telephone number of person to be contacted on matters involving this application (give area code): Amy Chubb (559) 278-2352			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003272 JUN 22 2004		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: EDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307 TITLE: Economic Adjustment Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The UBC will create a comprehensive system to promote innovation, entrepreneurship and capital attainment in the Central San Joaquin Valley	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Madera, Stanislaus, San Joaquin, Tulare Fresno, Kings, Merced, Kern Counties			
13. PROPOSED PROJECT Start Date: 11/04 Ending Date: 10/05		14. CONGRESSIONAL DISTRICTS OF: 18, 19, 20, 21 and 22	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10/21/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ 359,197 b. Applicant \$ 118,941 c. State \$ d. Local \$ e. Other \$ 93,000 f. Program Income \$ g. TOTAL \$ 571,138		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas McClanahan		b. Title Associate VP Univ. Grants &	
d. Signature of Authorized Representative		c. Telephone Number Research 559-278-0850 e. Date Signed	

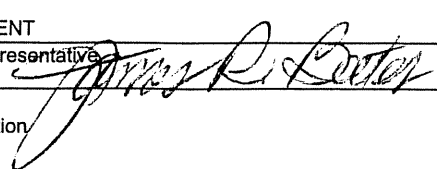
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: LAMONT SCHOOL DISTRICT			Organizational Unit: Department: INSTRUCTIONAL SERVICES	
Organizational DUNS: 100006758			Division:	
Address: Street: 8201 PALM AVENUE City: LAMONT County: KERN State: CA Zip Code: 93241			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: DIANNE Middle Name: Last Name: EASH Suffix:	
Country:			Email: deash@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002138			Phone Number (give area code) 661-845-5170	Fax Number (give area code) 661-845-5174
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) H - Independent School District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LAMONT, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LAMONT SCHOOL DISTRICT PHYSICAL EDUCATION	
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 09/30/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant LAMONT SCHOOL DISTRICT b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	34,950.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/17/04	
b. Applicant	\$	114,317.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	.00		
g. TOTAL	\$	149,266.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix MR.	First Name JAMES		Middle Name ROBERT	
Last Name BATES			Suffix	
b. Title SUPERINTENDENT			c. Telephone Number (give area code) 661-845-0751	
d. Signature of Authorized Representative <i>James R. Bates</i>			e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: LAMONT SCHOOL DISTRICT		3. DATE RECEIVED BY STATE	State Application Identifier
Organizational DUNS: 100006758		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Address: Street: 8201 PALM AVENUE City: LAMONT County: KERN State: CA Zip Code: 93241		Organizational Unit: Department: INSTRUCTIONAL SERVICES Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: DIANNE Middle Name: Last Name: EASH Suffix: Email: deash@aol.com Phone Number (give area code): 661-845-5170 Fax Number (give area code): 661-845-5174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002138		7. TYPE OF APPLICANT: (See back of form for Application Types) H - Independent School District Other (specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): COMMUNITY FACILITIES 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LAMONT SCHOOL DISTRICT COMPUTERS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LAMONT, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant LAMONT SCHOOL DISTRICT b. Project	
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 09/30/2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/17/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 47,744.00 b. Applicant \$ 136,852.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 184,596.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MR. First Name JAMES		Middle Name ROBERT	
Last Name BATES		Suffix	
b. Title SUPERINTENDENT		c. Telephone Number (give area code) 661-845-0751	
d. Signature of Authorized Representative 		e. Date Signed 6/17/04	

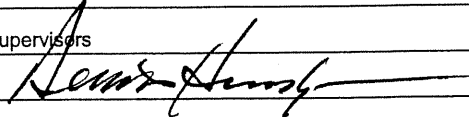
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Kern River Valley Youth Center Inc.		Department:	
Organizational DUNS: 100863484		Division:	
Address: Street: 3640 Golden Spur		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Lake Isabella		Prefix:	First Name: Ronald
County: Kern County		Middle Name	Lloyd
State: CA		Last Name	Montague
Zip Code: 93240		Suffix:	
Country:		Email:	kjbrm@aol.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0489508		Phone Number (give area code) (760) 376-2583	Fax Number (give area code) (760) 376-2321
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lake Isabella, Kern County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Update facility for more efficient energy usage. (see attached project description)	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 55,472	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ In kind match 18,490	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 73,962		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		b. Title	
Prefix	First Name Ronald	Middle Name Lloyd	
Last Name Montague		Suffix	
d. Signature of Authorized Representative Ronald F. Montague		c. Telephone Number (give area code) (760) 376-2321	
e. Date Signed June 5, 2004			

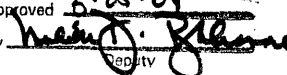
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/28/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY 5/28/2004		Federal Identifier B-04-UC-06-0503	
5. APPLICANT INFORMATION					
Legal Name: County of San Bernardino			Organizational Unit: Department: Department of Economic and Community Development		
Organizational DUNS: 009241659			Division:		
Address: Street: 290 North "D" Street, Sixth Floor City: San Bernardino County: San Bernardino State: CA Zip Code: 92415-0040 Country: United States of America			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Thomas Middle Name: R. Last Name: Laurin Suffix: Email: tlaurin@ecd.sbcounty.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002748			Phone Number (give area code) (909) 388-0808		Fax Number (give area code) (909) 388-0820
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CDBG Entitlement Program 14-218			9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated San Bernardino County and 13 cooperating cities.			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2004-05 Community Development Block Grant (CDBG); Multiple CDBG activities including capital improvements, public services, housing preservation and economic development.		
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25, 26, 41, 42, 43 b. Project 25, 26, 41, 42, 43		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	9,584,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/1/2004		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	1,976,129.00			
g. TOTAL	\$	11,560,129.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Dennis		Middle Name	
Last Name Hansberger				Suffix	
b. Title Chairman, County Board of Supervisors				c. Telephone Number (give area code) (909) 387-4855	
d. Signature of Authorized Representative 				e. Date Signed MAY 26 2004	

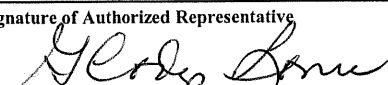
Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

County Counsel

Approved 5-28-04
By 
County

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming and Policy Analysis	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision – A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 500 TITLE 49 U.S.C. § 5309		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Fiscal Year 2004 Fixed Guideway, CA-03-0683	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/1/04	Ending Date 9/30/08	a. Applicant Districts 24 through 39, and 41	b. Project Same as Applicant

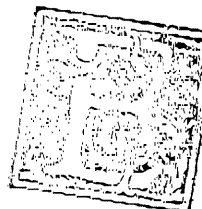
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 31,316,653	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/08/2004</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 7,829,163.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 39,145,816.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative FRANK FLORES		b Title Deputy Executive Officer, Programming & Policy Analysis	c Telephone number (213) 922-2456
d. Signature of Authorized Representative 		e. Date Signed 6-8-04	

ORIGINAL

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/16/04		Applicant Identifier	
3. DATE RECEIVED BY STATE		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Los Coyotes Band of Indians			Organizational Unit: Indian Tribe		
Organizational DUNS: 014-737-969			Division: Environmental Office		
Address: Street: P.O. Box 189			Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mrs. First Name: Catherine		
City: Warner Springs			Middle Name:		
County: San Diego			Last Name: Saubel		
State: CA Zip Code: 92086			Suffix: Spokeswoman		
Country: United States of America			Email:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-64017210			Phone Number (give area code): 760-782-0711 Fax Number (give area code): 760-782-2701		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) K		
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 65-450			8. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
TITLE (Name of Program): CWA Section 319			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Non Point Source Control Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Coyotes Indian Reservation			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 43 b. Project		
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 30,000 .00 b. Applicant \$ 3,806 .00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 33,806 .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
9. Authorized Representative Prefix: Mrs. First Name: Catherine			Middle Name:		
Last Name: Saubel			Suffix:		
b. Title: Spokeswoman			c. Telephone Number (give area code): 760-782-0711		
d. Signature of Authorized Representative: Catherine Saubel			e. Date Signed: 4-15-04		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

RECEIVED

APR 30 2004

GMO, PMD-7

FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/18/04		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Selma			Organizational Unit: Police Department		
Address (give city, county, State, and zip code): 1710 Tucker Street Selma, CA 93662			Name and telephone number of person to be contacted on matters involving this application (give area code) Roseann Galvan (559) 896-1064		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000431			7. TYPE OF APPLICANT: (enter appropriate letter in box) C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Secure Our Schools Act TITLE: Grant Program			9. NAME OF FEDERAL AGENCY: U.S. Department of Justice		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This program will allow the Selma Police Department and Selma Unified School District to expand security measures in the schools and work on gang intervention.		
13. PROPOSED PROJECT Secure Our Schools		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 9/1/02	Ending Date 8/31/03	a. Applicant 20th		b. Project 20th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 10,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/18/04			
b. Applicant	\$ 10,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
f. Program Income	\$.00	a. Type Name of Authorized Representative O. S. Heisser		c. Telephone Number 559 896-1064	
g. TOTAL	\$ 20,000.00	b. Title City Manager		e. Date Signed June 18, 2004	
		d. Signature of Authorized Representative <i>[Signature]</i>			

APPLICATION FOR FEDERAL ASSISTANCE

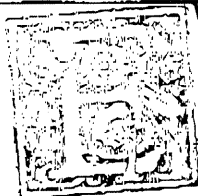
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/27/04	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: San Jose State University Foundation		Organizational Unit: Department: Moss Landing Marine Laboratories		
Organizational DUNS: 05-862-0715		Division:		
Address: Street: 210 North Fourth Street, 4th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Jose		Prefix: Dr.	First Name: Robert	
County: Santa Clara		Middle Name: Kevin		
State: California		Last Name: Burton		
Zip Code: 95112-5569		Suffix:		
Country: U.S.A.		Email: rburton@mlml.calstate.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6017638		Phone Number (give area code) (831) 771-4428		Fax Number (give area code) (831) 632-4403
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Auxiliary of San Jose State University - 501(c)(3) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-461 TITLE (Name of Program): Wetland Program Grants		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo, Santa Cruz, San Benito, Monterey, San Luis Obispo Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development of a Regional Monitoring Program for Central California Wetlands		
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16 b. Project 14, 17, 23		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 140,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/18/04		
b. Applicant	\$ 17,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 15,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 15,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 187,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Dr.	First Name: Pamela	Middle Name: C.		
Last Name: Stacks		Suffix:		
b. Title: Interim AVP Graduate Studies and Research		c. Telephone Number (give area code): (408) 924-2427		
d. Signature of Authorized Representative: <i>Pamela C Stacks</i>		e. Date Signed: 6/18/04		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 13, 2004	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: La Posta Band of Mission Indians		Department:	
Organizational DUNS: 95-604-6437		Division:	
Address: Street: P.O. Box 1120		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Boulevard		Prefix: Mr. First Name: James	
Country: San Diego		Middle Name: M.	
State: CA Zip Code: 91905		Last Name: Hill	
Country: USA		Suffix: Sr.	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3736270		Email: laposta1@aol.com	
7. TYPE OF APPLICANT: (See back of form for Application Types)		Phone Number (give area code): (619) 478-2113 x-222	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Fax Number (give area code): (619) 478-2125	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		K. Indian Tribe	
Other (specify)		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-419		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency, Region 9	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Collection Control Water Quality Management Plan		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): La Posta Indian Reservation, San Diego County, CA	
13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 9/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52nd b. Project 52nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 76,000		a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant 5% \$ 4,000		DATE:	
c. State \$		b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income \$		<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL \$ 80,000		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative		b. Title	
Prefix: Last Name: Parada		First Name: Gwendolyn Middle Name:	
b. Title: Chairperson		c. Telephone Number (give area code): (619) 478-2113	
d. Signature of Authorized Representative: [Signature]		e. Date Signed: April 13, 2004	

Previous Edition Usable
Authorized for Local ReproductionRECEIVED
APR 15 2004
GMO, PMD-7Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 7, 2004		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Agua Caliente Band of Cahuilla Indians			Organizational Unit: Department: Planning Department		
Organizational DUNS: 182070482			Division: Water		
Address: Street: 650 East Tahquitz Canyon Way			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Palm Springs			Prefix: Mr.		
County: Riverside			First Name: Clifford		
State: California			Middle Name: W.		
Zip Code: 92262			Last Name: Batten		
Country: United States of America			Suffix: R.G.		
Email: cbatten@aguacalliente.net			Phone Number (give area code): 760 325-3400		
Fax Number (give area code): 760 325-6952			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2649724			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-460			19. CONGRESSIONAL DISTRICTS OF:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Agua Caliente Reservation, City of Palm Springs, Cathedral City, Riverside Count			20. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/31/05			21. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
15. ESTIMATED FUNDING:			22. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Federal \$ 30,000			23. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
b. Applicant \$ 20,000			24. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
c. State \$			25. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
d. Local \$			26. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
e. Other \$			27. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
f. Program Income \$			28. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL \$ 50,000			29. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			30. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative			31. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Prefix: Mr.			32. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
First Name: Richard			33. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Last Name: Milanovich			34. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
b. Title: Chairman			35. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
c. Signature of Authorized Representative			36. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Previous Edition Usable			37. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Authorized for Local Reproduction			38. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		

RECEIVED

MAY 11 2004

GMO, PMD-7

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 17, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000401		7. TYPE OF APPLICANT: (See back of form for Application Types) C Municipal Other (specify)	
Legal Name: City of Redding		Organizational Unit: Department:		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Randy Middle Name:	
Organizational DUNS: 073780413		Division:		Last Name: Bachman	
Address: Street: 777 Cypress Ave		Suffix:		Email: rbachman@ci.redding.ca.us	
City: Redding		Phone Number (give area code) (530) 225-4067		Fax Number (give area code) (530) 225-4325	
County: Shasta		Zip Code 96001		9. NAME OF FEDERAL AGENCY: Housing and Urban Development	
State: CA		Country: USA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Property Acquisition and Site preparation for the Stillwater Business Park. (see attached Narrative)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Redding, Shasta County		13. PROPOSED PROJECT Start Date: 12/1/2004 Ending Date: 12/1/2008	
14. CONGRESSIONAL DISTRICTS OF:		15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 223,673.00		b. Applicant \$.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 17, 2004	
c. State \$.00		d. Local \$.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other \$.00		f. Program Income \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL \$ 223,673.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: MR.		First Name: Michael		Middle Name:	
Last Name: Warren		Suffix:		c. Telephone Number (give area code) (530) 225-4061	
b. Title: City Manager		d. Signature of Authorized Representative		e. Date Signed: June 17, 2004	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6-11-04	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Bear Mountain Recreation & Park District		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 10300 San Diego St.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Lamont		Prefix: MR.	First Name: Stuart
County: Kern		Middle Name: James	
State: Ca.		Last Name: Lawson	
Zip Code: 93241		Suffix:	
Country: USA		Email: slawsonbmrpd@acninc.net	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6000925

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

G-Special District
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

10-766

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Arvin Community Pool
Rehabilitation

13. PROPOSED PROJECT

Start Date: 3-1-05 Ending Date: 5-15-05

15. ESTIMATED FUNDING:

a. Federal	\$ 35,432.10	.00
b. Applicant	\$	.00
c. State	\$ 28,989.90	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District 5 b. Project District 5

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: June 2, 2004
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: MR	First Name: Stuart	Middle Name: James
Last Name: Lawson	Suffix:	
b. Title: District Manager	c. Telephone Number (give area code): (661) 845-0757	
d. Signature of Authorized Representative	e. Date Signed: June 11, 2004	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6-11-04	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Bear Mountain Recreation & Park District	Organizational Unit: Department:
Organizational DUNS:	Division:
Address: Street: 10300 San Diego St.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR First Name: Stuart
City: Lamont	Middle Name: James
County: Kern	Last Name: Lawson
State: Ca. Zip Code: 93241	Suffix:
Country: USA	Email: slawsonbmrp@acninc.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000925	Phone Number (give area code) (661) 845-0757	Fax Number (give area code) (661) 845-4238
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G-Special District Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Weedpatch Park youth exercise equipment rehab
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	

13. PROPOSED PROJECT Start Date: Sep. 1, 2004 Ending Date: Oct. 31, 2004	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 5 b. Project District 5
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 59,025.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 2, 2004
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 19,675.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix Mr. First Name Stuart Middle Name James Last Name Lawson	b. Title District Manager c. Telephone Number (give area code) (661) 845-0757 d. Signature of Authorized Representative <i>Stuart Lawson</i> e. Date Signed June 11, 2004
--	--

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application ____ Construction ____ Construction <input checked="" type="checkbox"/> Nonconstruction ____ Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New ____ Revision ____ Continuation If Revision, enter appropriate letter(s): ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Wayne Pierson (916) 341-5755	
10. Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for State Revolving Funds		7. Type of Applicant: (enter appropriate letter) ____A____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 7/1/04 End Date 6/30/14		11. Descriptive Title of Applicant's Project: To achieve statewide compliance with water quality objectives.	
15. ESTIMATED FUNDING: a. Federal \$95,741,300 b. Applicant \$0 c. State \$19,148,260 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$114,889,560		14. Congressional District of: Applicant: 3 Project: California - All	
		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 18, 2004 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name Los Angeles County Metropolitan Transportation Authority	Organizational Unit: Programming and Policy Analysis
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952	Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95 - 44 0 19 75

8. TYPE OF APPLICATION:

New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es): A - increase award

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (specify)

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A State H Independent School Dist.
B County I State Controlled Institution of Higher Learning
C Municipal J Private University
D Township K Indian Tribe
E Interstate L Individual
F Intermunicipal M Profit Organization
G Special District N Other (Specify) _____

State Chartered Transit District

9. NAME OF FEDERAL AGENCY:

Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC 20 - 5 07

ASSISTANCE NUMBER

TITLE 49 U.S.C. § 5307

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:

CA-90-Y197-01 - Fiscal Year 2004-05 Operating Assistance

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

City and County of Los Angeles, CA

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF

Start Date 07-01-2003	Ending Date 06-30-2005	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant
---------------------------------	----------------------------------	---------------------------------------	--

15. ESTIMATED FUNDING

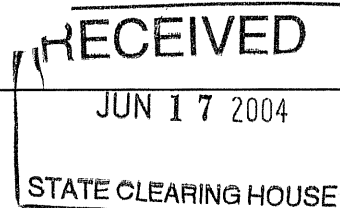
a Federal	\$ 32,700,481
b Applicant	\$.00
c State	\$.00
d Local	\$ 4,236,694
e Other	\$.00
f Program Income	\$.00
g TOTAL	\$ 36,937,175

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE 06/04/04b NO ☐ PROGRAM IS NOT COVERED BY E O 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative GLADYS LOWE	b Title Director Regional Grants Management & Administration	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 5-28-04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 10, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION															
Legal Name:	Organizational Unit:														
County of Imperial	Department: Imperial County Community and Economic Development														
Organizational DUNS: 039765685	Division:														
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)														
Street: 836 Main St.	Prefix: Mr. First Name: Ken														
City: El Centro, CA 92243	Middle Name														
County: Imperial	Last Name Hollis														
State: CA Zip Code 92243	Suffix:														
Country: USA	Email: kenhollis@imperialcounty.net														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000924	Phone Number (give area code) 760-337-7814 Fax Number (give area code) 760-337-8907														
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) County Other (specify)														
Other (specify)	9. NAME OF FEDERAL AGENCY: Economic Development Administration														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development Planning Assistance (Section 203)														
TITLE (Name of Program):															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Countywide															
13. PROPOSED PROJECT Start Date: July 1, 2004 Ending Date: July 31, 2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 51st of California b. Project 51st of California														
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 60,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 20,000.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 80,000.00</td> </tr> </table>	a. Federal	\$ 60,000.00	b. Applicant	\$ 20,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 80,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 60,000.00														
b. Applicant	\$ 20,000.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$ 80,000.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Authorized Representative															
Prefix Ms. First Name Robertta Middle Name															
Last Name Burns Suffix															
b. Title Chief Executive Officer, Imperial County	c. Telephone Number (give area code) 760-482-4290														
d. Signature of Authorized Representative	e. Date Signed														

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 15, 2004		Applicant Identifier 04-388	
		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																							
Legal Name: San Francisco Bay Area Water Transit Authority		Organizational Unit: Department:																					
Organizational DUNS: 148299493		Division:																					
Address: Street: 120 Broadway		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Veronica																					
City: San Francisco		Middle Name																					
County: San Francisco		Last Name Sanchez																					
State: California	Zip Code 94111	Suffix:																					
Country: USA		Email: sanchez@watertransit.org																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 3 3 8 0 4 9 8 </div>		Phone Number (give area code) (415) 291-3377																					
		Fax Number (give area code) (415) 291-3388																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Regional transit operator Other (specify)																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 6 6 - 6 0 6 </div>		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of San Francisco		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air quality/Diesel Mitigation Project - testing the emissions benefit of using PuriNOx, an alternative fuel, to operate two ferry boats serving Alcatraz (a National Park Service property).																					
13. PROPOSED PROJECT Start Date: August 1, 2004 Ending Date: May 31, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rep. Nancy L. Pelosi b. Project same																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">71,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">12,000.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">83,000.00</td> </tr> </table>		a. Federal	\$	71,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$	12,000.00	g. TOTAL	\$	83,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 15, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	71,000.00																					
b. Applicant	\$.00																					
c. State	\$.00																					
d. Local	\$.00																					
e. Other	\$.00																					
f. Program Income	\$	12,000.00																					
g. TOTAL	\$	83,000.00																					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Authorized Representative Prefix: First Name: Steve Middle Name:																							
Last Name: Castleberry Suffix:																							
b. Title: Chief Executive Officer c. Telephone Number (give area code): (415) 291-3377																							
d. Signature of Authorized Representative: e. Date Signed: June 14, 2004																							

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/07/2004		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Southern California Presbyterian Homes			Organizational Unit: Department: Affordable Housing		
Organizational DUNS: 06-992-5345			Division: Corporate Office		
Address: Street: 516 Burchett Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Glendale,			Prefix: Ms.		First Name: Sally
County: Los Angeles			Middle Name		
State: California			Last Name Little		
Zip Code 91203			Suffix:		
Country: United States of America			Email: sallylittle@scphs.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][5]-[1][8][9][4][2][9][3]			Phone Number (give area code) (818) 247-0420		Fax Number (give area code) (818) 247-3871
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 202 Supportive Housing for the Elderly Program			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oceanside, County of San Diego, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of an 100-unit affordable housing community for low income seniors in the city of Oceanside, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant Advance Program.		
13. PROPOSED PROJECT Start Date: 7/01/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19		
Ending Date: 7/01/06			b. Project 74		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	13,200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/14/2004		
b. Applicant	\$	25,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	1,800,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	15,025,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Sally		Middle Name	
Last Name Little				Suffix	
b. Title Vice President, Affordable Housing				c. Telephone Number (give area code) (818) 247-0420	
d. Signature of Authorized Representative <i>Sally Little</i>				e. Date Signed 07/06/2004	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/07/2004		Applicant Identifier																													
		3. DATE RECEIVED BY STATE		State Application Identifier																													
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																													
5. APPLICANT INFORMATION																																	
Legal Name: Southern California Presbyterian Homes			Organizational Unit: Department: Affordable Housing																														
Organizational DUNS: 06-992-5345			Division: Corporate Office																														
Address: Street: 516 Burchett Street			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Sally																														
City: Glendale,			Middle Name																														
County: Los Angeles			Last Name Little																														
State: California		Zip Code: 91203	Suffix:																														
Country: United States of America			Email: sallylittle@scphs.com																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1894293			Phone Number (give area code) (818) 247-0420		Fax Number (give area code) (818) 247-3871																												
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> O - Not for profit organization Other (specify)																														
Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157 TITLE (Name of Program): Section 202 Supportive Housing for the Elderly Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of an 68-unit affordable housing community for low income seniors in the city of Fresno, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant Advance.																														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Clovis, County of Fresno, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 27 b. Project 19																														
13. PROPOSED PROJECT Start Date: 7/01/05 Ending Date: 7/01/06			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/14/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																														
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">8,400,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">25,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">8,425,000</td> <td style="text-align: right;">.00</td> </tr> </table>			a. Federal	\$	8,400,000	.00	b. Applicant	\$	25,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	8,425,000	.00			
a. Federal	\$	8,400,000	.00																														
b. Applicant	\$	25,000	.00																														
c. State	\$.00																														
d. Local	\$.00																														
e. Other	\$.00																														
f. Program Income	\$.00																														
g. TOTAL	\$	8,425,000	.00																														
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Authorized Representative																																	
Prefix: Ms.		First Name: Sally		Middle Name:																													
Last Name: Little		Suffix:																															
b. Title: Vice President, Affordable Housing		c. Telephone Number (give area code): (818) 247-0420																															
d. Signature of Authorized Representative: <i>Sally Little</i>		e. Date Signed: 07/06/2004																															

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/07/2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Southern California Presbyterian Homes		Organizational Unit: Department: Affordable Housing		
Organizational DUNS: 06-992-5345		Division: Corporate Office		
Address: Street: 516 Burchett Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Glendale,		Prefix: Ms.	First Name: Sally	
County: Los Angeles		Middle Name		
State: California		Last Name Little		
Zip Code 91203		Suffix:		
Country: United States of America		Email: sallylittle@scphs.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1894293		Phone Number (give area code) (818) 247-0420		Fax Number (give area code) (818) 247-3871
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157 TITLE (Name of Program): Section 202 Supportive Housing for the Elderly Program		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Fresno, County of Fresno, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of an 68-unit affordable housing community for low income seniors in the city of Fresno, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant Advance.		
13. PROPOSED PROJECT Start Date: 7/01/05 Ending Date: 7/01/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 27 b. Project 19		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 7,600,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/14/04		
b. Applicant	\$ 25,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 7,625,000.00	a. Authorized Representative		
		Prefix Ms.		
		First Name Sally		
		Middle Name		
		Last Name Little		
		Suffix		
		b. Title Vice President, Affordable Housing		
		c. Telephone Number (give area code) (818) 247-0420		
		d. Signature of Authorized Representative <i>Sally Little</i>		
		e. Date Signed 07/06/2004		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 4, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION					
Legal Name: Central Sierra Economic Development District			Organizational Unit: None		
Address (give city, county, State, and zip code): 53 West Bradford Avenue, Suite 200 Sonora, CA 95370			Name and telephone number of person to be contacted on matters involving this application (give area code) Larry Busby (209) 532-8960 or 532-8768		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 3 8 3 6 8 1 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"> N </div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Econ Dev Dist</u> </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: Economic Development Administration		

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 1 — 3 0 2 </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Areawide Economic Development Planning and Implementation		
TITLE:					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alpine, Amador, Calaveras and Tuolumne Counties					

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/04	Ending Date 6/30/05	a. Applicant 3 and 19		b. Project 3 and 19	

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/4/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$ 56,000.00				
b. Applicant	\$ 18,667.00				
c. State	\$.00				
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 74,667.00				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Larry Busby		b. Title Executive Director		c. Telephone Number 209-532-8960	
d. Signature of Authorized Representative 				e. Date Signed June 4, 2004	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/14/04	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: MERCY HOUSING CALIFORNIA		Organizational Unit: Department: SAN FRANCISCO OFFICE	
Organizational DUNS: 883200900		Division:	
Address: Street: 1360 Mission Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: RANDI	
City: San Francisco		Middle Name	
County: San Francisco		Last Name GERSON	
State: CA	Zip Code 94103	Suffix:	
Country: UNITED STATES		Email: RGERSON@MERCYHOUSING.ORG	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		Phone Number (give area code) (415) 355-7120	Fax Number (give area code) (415) 355-7122
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157 TITLE (Name of Program): HUD SECTION 202		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY of SAN LORENZO AND COUNTY OF ALAMEDA, CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: KENT GARDENS SENIOR HOUSING 16438-16450 KENT AVENUE SAN LORENZO CA 94580-1231 83 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit.	
13. PROPOSED PROJECT Start Date: 4/1/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08	
Ending Date: 4/1/2007		b. Project 09	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 10,130,317.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/11/04		
b. Applicant \$ 10,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 2,994,543.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other AHP \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$			
g. TOTAL \$ 13,554,860.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MS	First Name Jane	Middle Name M.	
Last Name Graf		Suffix	
b. Title PRESIDENT		c. Telephone Number (give area code) 415-355-7100	
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/14/04		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION					
Legal Name: MERCY HOUSING CALIFORNIA				Organizational Unit: Department: Los Angeles Office	
Organizational DUNS: 883200900				Division:	
Address: Street: 1360 Mission Street, Suite 300				Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Francisco				Prefix: Ms	First Name: Sharon
County: San Francisco				Middle Name	
State: CA				Last Name Christen	
Zip Code 94103				Suffix:	
Country: UNITED STATES				Email: SChristen@MERCYHOUSING.ORG	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666				Phone Number (give area code) (415) 355-7111	
				Fax Number (give area code) (415) 355-7122	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD SECTION 202 14-157				9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Los Angeles, California				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Dana Strand Senior Homes 450 N. Hawaiian Avenue Willmington CA 90744-4937 99 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit	
13. PROPOSED PROJECT Start Date: 12/1/04				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08	
Ending Date: 12/1/06				b. Project 36	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	13,610,715	00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	10,000	00	DATE: 6/14/04	
c. State	\$		00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	781,642	00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	500,000	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$		00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	14,892,282	00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix MS	First Name Jane			Middle Name M.	
Last Name Graf			Suffix		
b. Title PRESIDENT			c. Telephone Number (give area code) 415-355-7100		
d. Signature of Authorized Representative			e. Date Signed		

Version 7/03

Previous Edition Usable
Authorized for Local Reproduction